

**APN # 1420-28-212-002**

RECORDING REQUESTED

AND RETURN TO:

Lifeline Estate Services, Inc.

3708 Lakeside Dr. STE 202

Reno, NV 89509

MAILTAX STATEMENTS TO:

Carl A. Pflueger, Trustee

2877 La Cresta Circle

Minden, NV 89423

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE(S)  
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE**

The following described real estate in Douglas County, State of Nevada:

Lot 168, Block C, as shown on the FINAL MAP #PD99-02-06 for SARATOGA SPRINGS ESTATES UNIT 6, A PLANNED DEVELOPMENT, recorded in the Office of the County Recorder of Douglas County, Nevada on June 28, 2002, in Book 0602, at Page 10142, as Document No. 546028.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits thereof.

The undersigned, CARL A. PFLUEGER, hereby declares that, CAROLYN J. PFLUEGER, died on November 11, 2015, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as CAROLYN J. PFLUEGER, named as one of the initial Trustee in that certain Declaration of Trust titled the PFLUEGER FAMILY TRUST DATED JANUARY 3, 2011.

Declarant further declares that he is the Successor Trustee named in the Declaration of trust and that he hereby assumes the position of Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 21 st day of JAN, 20 20, in the City of Reno, County of Washoe, State of Nevada.

**VERIFICATION**

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Carl A. Pflueger  
CARL A. PFLUEGER, Successor Trustee of the PFLUEGER FAMILY TRUST DATED JANUARY 3, 2011

STATE OF NEVADA

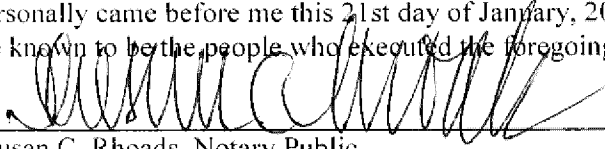
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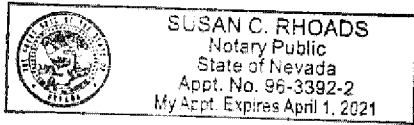
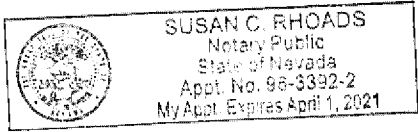
COUNTY OF WASHOE

)

Personally came before me this 21st day of January, 2020, the above named CARL A. PFLUEGER, to me known to be the people who executed the foregoing instrument and acknowledged the same.



Susan C. Rhoads, Notary Public  
Washoe County, Nevada  
My Commission 04/01/2021



COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2015019773  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Carolyn Jean PFLUEGER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 11, 2015</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>74</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 09, 1941</b>		9a. STATE OF BIRTH (If not U.S.A., <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED <b>DIVORCED (Specify Married)</b>		12. SURVIVING SPOUSE (Maiden name) <b>Carl A PFLUEGER</b>	
13. SOCIAL SECURITY NUMBER <b>3804</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Sales Clerk</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2877 La Cresta Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Oley EADS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lena DOMETRORCH</b>		
18a. INFORMANT- NAME (Type or Print) <b>Carl A PFLUEGER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2877 La Cresta Circle Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>VIJAY MAIYA MD</b> SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>November 18, 2015</b>		21c. HOUR OF DEATH <b>05:08</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 18, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute Respiratory Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Cardiac Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Acute Renal Failure</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Cirrhosis</b> <b>Sepsis</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

RVS-Rev-20120523a

604682

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 11/20/2015

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

